


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017852**  
 1. Entity Name  
**PENIBO FAMILY REALTY, LLC**



Principal Place of Business      Mailing Address  
 1300 N. FEDERAL HIGHWAY, STE. 202      1300 N. FEDERAL HIGHWAY, STE. 202  
 BOCA RATON, FL 33432      BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**65-1144658**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BONITATIBUS, PETER N**  
 1300 N. FEDERAL HIGHWAY, STE. 202  
 BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when canceling)

00000530175  
 05/05/06-80104-020 50.00

**Filing Fee Is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGRM  
 NAME: BONITATIBUS, PETER N  
 STREET ADDRESS: 1300 N. FEDERAL HIGHWAY, STE. 202  
 CITY-ST-ZIP: BOCA RATON, FL 33432

TITLE: MGRM  
 NAME: BONITATIBUS, TONY  
 STREET ADDRESS: 1300 N FEDERAL HWY STE. 202  
 CITY-ST-ZIP: BOCA RATON, FL 33432

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Peter N Bonitatibus*      4-20-06      561-391-1411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #